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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 3/21/05 ATTORNEY DOCKET NUMBER: KCC 4953
PTO FACSIMILE NUMBER: (703) 872-9306PLEASE DELIVER THIS FACSIMILE TO: Examiner Kiliman
THIS FACSIMILE IS BEING SENT BY: Christopher Goff
NUMBER OF PAGES: 23 INCLUDING COVER SHEETTIME SENT: _____ OPERATOR'S NAME Tina

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
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Typed or printed name of person signing certificationChristina M. Spencer 3/21/05
Signature DateType of paper transmitted: Request for Continued Examination
and Amendment A filed with RCEApplicant's Name: Krzysik et al.Serial No. (Control No.): 10/659,968 Examiner: KilimanFiling Date: 9/11/03 Art Unit: 1773 Confirmation No.: 5032Application Title: LOTIONED TISSUE PRODUCT WITH IMPROVED STABILITYIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

FEE TRANSMITTAL

Application Number 10/659,968 Art Unit 1773
Filing Date September 11, 2003 Confirmation No. 5032
Inventor(s) Krzysik et al.
Examiner Name Kiliman
Attorney Docket Number KCC 4953 (K-C 18,752)

[] Applicant claims small entity status.

METHOD OF PAYMENT

[X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

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FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims 71 - 63 (HP) = 8 x Fee 50 = \$ 400.00
Indep Claims 4 - 3 (HP) = 1 x Fee 200 = \$ 200.00
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)

Subtotal (2) \$ 600.00

3. [] APPLICATION SIZE FEE

Total Pages _____ - 100 = _____ ÷ 50 = _____ x \$250 = \$ _____
(Application + Drawings) (round up to whole #)

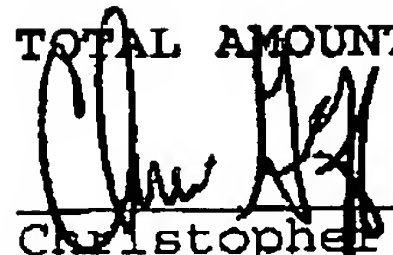
Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

[] _____ month extension of time
[] Information disclosure statement
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[X] Other: Request for Continued Examination

Subtotal (4) \$ 790.00

TOTAL AMOUNT OF PAYMENT \$ 1,390.00


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Date

March 21, 2005

CMG/LJH/cms